

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>In re U.S. Patent Application of</b>	)	
	)	
<b>YOSHIGI et al.</b>	)	<b>Art Unit 2612</b>
	)	<b>Examiner</b>
<b>Application Number: 10/773,405</b>	)	<b>Bangachon, William L.</b>
	)	
<b>Filed: February 9, 2004</b>	)	
	)	
<b>For: RFID</b>	)	
	)	
<b>Attorney Docket No. ASAM.0110</b>	)	

**Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**COVER LETTER**

Sir:

[ x ] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	15	13	(Over 20)	x \$50	0.00
Independent Claims	2	2	(Over 3)	x \$200	0.00
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				<b>TOTAL</b>	<b>0.00</b>

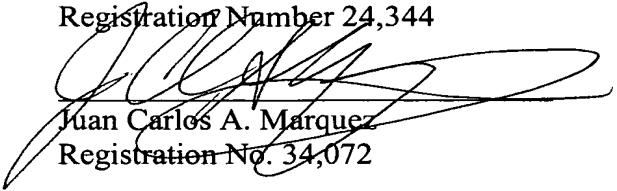
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Response/Preliminary Amendment<br>(with Claim Amendments) | <input checked="" type="checkbox"/> Petition for Extension of Time (1 month)         |
| <input type="checkbox"/> Substitute Spec. & marked-up copy                                    | <input type="checkbox"/> Information Disclosure Statement                            |
| <input type="checkbox"/> Preliminary Amendment  | <input type="checkbox"/> Letter to Draftsperson w/ sheets of<br>replacement drawings |
| <input type="checkbox"/> Other _____  | <input checked="" type="checkbox"/> RCE  |

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ x ] Checks in the amount of **\$790.00** for the RCE fee and **\$120.00** to cover the 1-month Extension-of-Time fee and are enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

\_\_\_\_\_  
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